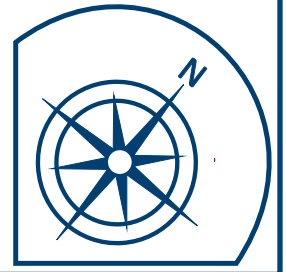


True North

Newsletter of the VA National Center for Ethics in Health Care

Issue 2, January/February 2017



Letter from the Director

Dear Colleagues,

I'm very pleased to tell you about two important initiatives from NCEHC. The first is the Life-Sustaining Treatment Decisions Initiative, which officially got under way with the recent publication of [VHA Handbook 1004.03, Life-Sustaining Treatment Decisions: Eliciting, Documenting, and Honoring Patients' Values, Goals and Preferences](#). I would like to congratulate the many individuals in our Center who worked so hard toward the publication of this Handbook, which will have a transformative impact on the care of seriously ill Veterans at the end of life. This huge milestone will ensure that all Veterans receive treatment that is consistent with their values, goals and preferences. It is also an inspiring example of VA setting a standard and being a model for health care organizations around the world.

The second initiative is about moral distress. In early December 2016, nearly one thousand employees in VA facilities around the nation viewed the NCEHC Ethics and Professionalism Grand Rounds webinar with Dr. Ann Hamric, a leading scholar on moral distress in health care. In case you missed it, you can view the webinar and take the post-test for continuing education credit [here](#). Unfortunately, moral distress is a common experience in many health care systems. Based on our early work with employees in our medical facilities, it is common in VA as well.

Moral distress occurs when an employee feels unable to act in accordance with his or her values, resulting in a feeling of compromised integrity and powerlessness. Some common causes of moral distress in health care include difficulty speaking up, poor team communication and teamwork, concerns about patient safety, uncertainty about which practices are ethical, and conflicts of values in end-of-life decision making. Whatever the cause, moral distress can result in a wide range of emotional and even physical symptoms. It is associated with increased levels of burnout, decreased employee retention and

diminished quality of patient care. Moral distress also has a direct impact on employee engagement, which has been an important priority in VA.

For these reasons, moral distress is a major initiative of NCEHC in fiscal year 2017. We are eager to partner with staff to understand and identify sources of moral distress, measure the level of distress present in a given group, and work with you to begin to address it, using quality improvement approaches in preventive ethics and ethical leadership. As part of this effort, we developed the VA Moral Distress Assessment Tool, which is adapted from validated instruments. To inaugurate the initiative, NCEHC has released [a step-by-step guide](#), which includes the VA Moral Distress

Assessment Tool to measure moral distress in your local facility, VISN or program office. For more information, visit our [Addressing Moral Distress home page](#).

In addition, NCEHC will be presenting two more Ethics and Professionalism Grand Rounds on moral distress in FY

2017. I hope you can join us for the next one on the role of moral courage and culture in addressing moral distress, scheduled for March 2, 2017. I also encourage you to read the article on page 2 of this issue about the VISN 1 Ethics Summit, which took place in October 2016 and featured a discussion about moral distress.

By partnering with our extraordinary nationwide IntegratedEthics team, you can help us reduce the moral distress of our employees and enhance the culture of VA.

—Lisa Lehmann, MD, PhD



Dr. Lisa Lehmann and Dr. Ann Hamric



U.S. Department of Veterans Affairs
Veterans Health Administration
National Center for Ethics in Health Care

VISN 1 2016 Ethics Summit: Giving Voice to Values

Based on several years of annual ethics summit meetings, VISN 1 IE staff have learned how important it is for summit topics to address actual employee needs. After the 2015 summit, rather than waiting for anecdotal feedback, the meeting organizers polled attendees about what they felt needed to be addressed in 2016. A follow-up survey in 2016 reinforced findings that VISN employees were interested in hearing from Veterans and leadership, and wanted to discuss psychological safety.

For the 2016 ethics summit, which took place on October 31, VISN 1 IE staff crafted a

meeting that addressed staff needs and highlighted ongoing VA ethics initiatives in New England. To kick off the meeting, a Veteran related his experiences with chronic pain. Afterwards, a panel featuring co-leads for the VISN 1 Integrated Pain System (see photo) and Nurse Practitioner Elizabeth Cullity led a discussion on the ethical aspects of his case. Dr. Mary C. Gentile of the University of Virginia Darden School of Business then discussed values-driven leadership, the topic of her book *Giving Voice to Values*. Dr. Gentile's approach starts from the premise that most people want to act on their values and want to feel that they have a chance to do so effectively and successfully. This

coincides with VA's push toward servant leadership (leading through values), psychological safety (feeling safe to act on values), and moral courage (having the willingness to voice values despite personal risk). Finally, NCEHC Executive Director Dr. Lisa Lehmann spoke about moral

distress and moral courage, engaging staff concerns over psychological safety, and providing a leadership perspective on these important issues. In summarizing the meeting, VISN 1 IE POC Tammy Krueger noted the connection between all three sessions.



Co-leads of the VISN 1 Integrated Pain System (left to right): Dr. Julie Franklin, Dr. Tu Ngo, and Erik Sargent

VISN 1 and NCEHC

plan to continue addressing moral distress throughout the fiscal year. VISN 1, with eight medical centers across six states, will partner with NCEHC on our moral distress initiative by providing feedback on materials and processes developed by the Center. NCEHC is addressing moral distress with a national initiative, including a moral distress measurement tool, an Ethics and Professionalism Grand Rounds Series, a moral distress toolkit, and support for IE improvement projects in ethical leadership and preventive ethics. For more information, visit the NCEHC [Addressing Moral Distress home page](#).

New Staff Join NCEHC

In the past six months, NCEHC has welcomed six new staff members. You can find their contact information and more on the [NCEHC staff page](#). We are proud to introduce our new colleagues!

Toby Schonfeld, PhD: Deputy Director, Washington, DC

Before serving as NCEHC deputy director, Dr. Toby Schonfeld worked as the human subjects research review official and director of the Program in Human Research Ethics at the U.S. Environmental Protection Agency. Dr. Schonfeld was director of the Master of

Arts in Bioethics Program at the Center for Ethics and professor of medicine at Emory University. She also served as associate professor of humanities and law at the University of Nebraska Medical Center. Dr. Schonfeld received her BA in philosophy and religious studies from the University of North Carolina-Chapel Hill and both her MA and PhD in philosophy with a concentration in medical ethics from the University of Tennessee-Knoxville.

(Continued on page 3)

New Staff Join NCEHC

(Continued from page 2)

Tiera M. Craig: Administrative Officer, Washington, DC

Prior to joining NCEHC as administrative officer, Tiera Craig worked as management analyst for the Department of Veterans Affairs Hudson Valley Health Care System in New York. Tiera received her college education from Davenport University in Michigan. Ms. Craig is also a combat service-connected disabled U.S. Army Veteran who served in support of OIF/OEF. Ms. Craig brings a wealth of LEAN Six Sigma knowledge and experience to NCEHC.

Ian Holk, MA: Writer-Editor, Washington, DC

Prior to joining NCEHC Special Projects team as writer-editor, Ian Holk worked as managing editor for Common Ground Publishing, a non-profit academic publisher with the University of Illinois. Mr. Holk received his MA in European history from Eastern Illinois University after serving in Iraq as a U.S. Army infantryman.

Angelque Nelson, MBA: Staff Assistant, Washington, DC

As staff assistant, Angelque Nelson is responsible for travel and general administrative support for NCEHC. Before joining NCEHC, Ms. Nelson served for 10 years in the U.S. Army as a logistics officer, ensuring that personnel were prepared for deployment and that training requirements

and missions were met. She received her MBA in project management in 2014.

Nancy A. Pinnola, MPA: IE Program Specialist, New York City

Before joining NCEHC, Nancy A. Pinnola served as the administrative officer for VA in emergency medicine for three years and in medicine for fifteen years. Prior to joining VA in 1998, Ms. Pinnola was employed by HealthTrac as the operating officer and by Long Island Jewish Medical Center as a patient support manager, group home manager, training coordinator, and music therapist for the developmentally disabled. Ms. Pinnola received her BS in music therapy from SUNY New Paltz in 1981 and an MPA in health care policy and management from New York University in 1996.

Nicolle K. Strand, JD, M.Bioethics: Special Assistant, Washington, DC

As special assistant, Nicolle Strand works as the project lead for the moral distress initiative and assists the executive director with other cross-cutting projects that serve the mission of NCEHC. Before joining NCEHC, she was a senior policy and research analyst for the Presidential Commission for the Study of Bioethical Issues under President Barack Obama. She has written on informed consent, genomic research, incidental findings, and neuroscientific cognitive enhancement. Ms. Strand holds a JD and a Masters in bioethics from the University of Pennsylvania.



New NCEHC staff members (left to right): Nancy A. Pinnola, Angelque Nelson, Nicolle K. Strand, Toby Schonfeld, Ian Holk, and Tiera M. Craig

Around the Center . . .

Highlights from the Learning Resources Catalog

This issue we feature a resource on Advance Care Planning from NCEHC's [searchable collection of ethics materials](#):

When a patient is no longer able to make his or her own health care decisions, the patient's surrogate decision maker is authorized to make those decisions on the patient's behalf. The process of determining the legal surrogate decision maker can be confusing. To help providers, patients and family members, NCEHC has created

a podcast on "[Identifying the Patient's Authorized Surrogate](#)." The podcast reviews the VA hierarchy of surrogates, discusses the documentation requirements for establishing a close friend as the surrogate, and examines the implications for same-sex married and unmarried couples.

You can access the podcast (audio and transcript), the VA Advance Directive form and VHA Handbook 1004.01: *Informed Consent for Clinical Treatments and Procedures* through the NCEHC [Learning Resources Catalog](#).

What We're Reading

Dr. Vicki Lachman outlines both personal and organizational strategies to help nurses, physicians, physical therapists and health care leaders develop moral courage and face difficult ethical challenges in health care practice and management. (Lachman, Vicki D. *Ethical Challenges in Health Care: Developing Your Moral Compass*. Springer, 2009)

Drs. Johannes van Delden and Rieke van der Graaf discuss the challenges that led the Council for International Organizations of Medical Sciences (CIOMS) to revise its ethical guidelines, and describe the council's revisions. The aim of the guidelines is to provide internationally vetted ethical principles and detailed commentary on how these principles should be applied. (van Delden, Johannes J.M. and Rieke van der Graaf. ["Revised CIOMS International Ethical Guidelines for](#)

[Health-Related Research Involving Humans."](#) JAMA, December 6, 2016)

NCEHC's ethics consultation and evaluation services, through rigorous development and preliminary testing, identify key elements of quality ethics consultation, establish scoring criteria, develop training guidelines, and design a holistic assessment process. This article describes the development of the ECQAT, the resulting product, and recommended future testing and potential uses for the tool. (Pearlman, Robert A., Mary Beth Foglia, Jennifer H. Cohen, Barbara L. Chanko, and Kenneth A. Berkowitz. ["Ethics Consultation Quality Assessment Tool: A Novel Method for Assessing Quality of Ethics Case Consultations Based on Written Records."](#) The American Journal of Bioethics, February 25, 2016)

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This newsletter is produced by the National Center for Ethics in Health Care.

Current and archived issues of *True North* can be found on NCEHC's [True North page](#). Archived issues of the *IE in Action* newsletter are available at NCEHC's [IE in Action page](#).